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Request for Continued Examination (RCE) Tazawa First Named Inventor Transmittal 1734 Art Unit Address to: Mail Stop RCE Lezor Exeminer Name Commissioner for Palents DI02-P03112US P.O. Box 1450 Attomey Docket Number Alexandria, VA 22313-1450 This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1985, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unemered amendments and amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be amendment(a). considered as a submission even if this box is not checked. Consider the arguments in the Appeal Brief or Rely Brief previously filed on ١. b. 🔽 Enclosed Information Disclosure Statement (IDS) Amendment/Reply 1 1. Affidevit(a)/ Declaration(a) 11. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a 2. Miscellaneous _ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17() required) period of _ Other The RCE fee under 37 CFR 1.17(e) is required by 97 CFR 1.114 when the RCE is filed. The Director is hereby sulhorized to charge the following fees, or credit any overpayments, to 3. Fees a. 🗸 Deposit Account No. 501524 RCE fee required under 37 CFR 1.17(e) L Extension of time fee (37 CFR 1.136 and 1.17) ii. Other_ anclosed Check in the amount of \$_ Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information abouted not be included on this form. Provide credit card information and authorization on PTO-2038. 1 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Registration No. (Attorney/Agent) Date December 10, 2004 Joel G. Landau Name (Print/Type) Signature CERTIFICATE OF MAILING OR TRANSMISSION I haveby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facilimate transmitted to the U.S. Patent and Tracement Critics on the date shown below.

Name (Print/Type) | Joel G. Landau Cogramure

Discomber 10, 2004

This collection of information is required by 57 CFR 1.114. The information is required to consist by the public which is to file (and by the USPTC to solication is estimated to take 12 minutes to complete, including to process) an application. Combarrially, is governed by 35 U.S.G. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gallering, preparing, and automitting the obmptoted application form to the USPTO. Time will very depending upon the individual case. Any commence on the gallering, preparing, and automitting the obmptoted application form to the USPTO. Time will very depending upon the individual case. Any commence on the gallering, preparing, and automitting the obmptoted application form to the USPTO. Time will very depending upon the Crist Information Officer, U.S. Patent and gallering, and the complete the form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and sentences. P.O. Box 1450, Alexandria, VA 22313-1456.

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If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.

PAGE 1/15 * RCVD AT 12/10/2004 8:37:45 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:+1 805 230 1355 * DURATION (mm-ss):08-08

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March 14, 2005

U.S. Patent and Trademark Office P.O. Box 70541 Chicago, IL 60673 ATTTENTION: REFUND BRANCH

Via facsimile 703-308-5077

Re:

REFUND REQUEST

Deposit Account No. 501524

Withdrawal from deposit account on 12/22/04

Serial No. 09/701,791

Docket No. D002-P03112US

Amount: \$790.00

To Whom It May Concern:

Our deposit account was charged \$790.00 on December 22, 2004 for the above referenced transaction. The fee was also charged to the credit card of Mark A. Goldstein account #4264 2903 9001 3787 on December 15, 2004. We were doubly charged for the RCE fee in the above referenced matter. Please issue a refund in the amount of \$790 to deposit account number 501524.

Thank you for your prompt attention to this matter. Please contact me with any questions.

Very truly yours,

Mark A. Goldstein

Cc: Debbie Wittlin

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